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Resilience and psychopathology among victimized youth in residential care

Anna Segura[a,*], Noemí Pereda[a,c], Georgina Guilera[a,c], Sherry Hamby[b]

[a] Grup de Recerca en Victimització Infantil i Adolescent (GReVIA), Facultat de Psicologia, Universitat de Barcelona, Passeig Vall d'Hebron, 171, 08035 Barcelona, Catalonia, Spain
[b] Sewanee: The University of the South, 735 University Avenue, Sewanee 37383, TN, United States
[c] Institut de Recerca en Cervell, Cognició i Conducta, Spain

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ABSTRACT

This study examines the role of several resilience resources in the relationship between lifetime victimization and mental health problems among adolescents in care. The sample comprised 127 adolescents (53.% females, aged 12–17 years) from residential care facilities in Catalonia, Spain. The Juvenile Victimization Questionnaire, the Youth Self-Report, and the Adolescent Resilience Questionnaire were used to assess victimization, psychological symptoms, and resilience respectively. Results indicated that poly-victimization was associated with fewer resources, and with an increased risk of mental health problems. Self-resources mediated the relationship between victimization and internalizing and externalizing symptoms; community support mediated the relationship between victimization and internalizing symptoms. Self, school and peer support moderated the relationship between victimization and externalizing symptoms. Adolescents with fewer self-resources and less school support reported more externalizing symptoms, as did those with more peer support. However, poly-victimized youths reported symptoms within the clinical range, regardless of their level of resources. The findings stress the importance of preventing poly-victimization and of empowering poly-victimized adolescents, who appear to present low levels of resources. Researchers and clinicians should continue to study the poly-victimization/psychopathology relationship, and also design interventions and prevention programs which incorporate the most relevant resilience resources.

1. Introduction

Poly-victimization, or the experience of different types of interpersonal violence (e.g., caregiver, electronic, and sexual victimization) across lifetime, is known to be closely associated with psychopathology (Finkelhor, Ormrod, & Turner, 2009), including externalizing problems, such as delinquent and aggressive behavior (Cyr, Clément, & Chamberland, 2013; Ford, Elhai, Connor, & Frueh, 2010), but also internalizing problems such as depression and anxiety (Chan, 2013; Cyr et al., 2013). Adolescents placed in residential facilities, who have suffered high rates of different types of victimization experiences (Cyr et al., 2012; Ellonen & Pösö, 2011; Salazar, Keller, & Courntey, 2011; Segura, Pereda, Abad, & Guilera, 2015), are especially at risk for developing severe clinical symptoms, including depression, anxiety, and conduct disorders (Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Greger, Myhre, Lydersen, & Jozefiak, 2015). However, not all victimized children and adolescents develop psychopathological

symptoms. Some children have the ability to achieve adequate or even high levels of functioning (e.g., DuMont, Widom, & Czaja, 2007). Rutter (2006) defined these individuals as resilient. However, the links between poly-victimization and resilience have not been widely explored, especially in high-risk samples such as youth in care. The current study examines several protective factors as potential mediators or moderators of the poly-victimization/psychopathology relationship.

1.1. Protective factors that mitigate the relationship between victimization and psychopathology

In recent decades the phenomenon of resilience has generated considerable interest. Luthar, Cicchetti, and Becker (2000) defined resilience as a dynamic process in which an individual adapts positively to a context of adversity. Recent research (Dutton & Greene, 2010) has suggested that resilience can be conceived as a set of protective factors which include both individual variables such as self-esteem or social skills and environmental variables such as family, friends, school and community support (Gartland, Bond, Olsson, Buzwell, & Saywer, 2011; Ungar 2011). The present study adopts the framework used by Gartland, Bond, Olsson, Buzwell, and Sawyer (2006) and evaluates both individual and environmental factors, that is, self, family, peers, school, and community.

Several studies have analyzed the impact of victimization on children and adolescents' resilience, as well as the role of several protective factors in the development of psychological symptoms. Collin-Vézina et al. (2011) and Turner, Shattuck, Finkelhor, and Hamby (2015), with residential care and community adolescent samples, respectively, showed that experiencing poly-victimization has a negative impact on resilience, reducing both social and personal resources. Research has also found that protective factors were associated with fewer internalizing and externalizing symptoms (e.g., Hjemdal, Vogel, Solem, Hagen, & Stiles, 2011; Jaffe, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007; Mann, Hosman, Schaalma, & de Vries, 2004; Skrove, Romundstad, & Indredavik, 2013), and with improved well-being in an at-risk youth sample (Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015).

Some researchers have begun to explore the specific mechanisms involved in the links between poly-victimization, protective factors, and outcomes. Studies have found that social support from family, peers, and school, as well as personal resources such as self-worth, are able to moderate the negative effects of victimization experiences (e.g., peer victimization, dating violence) on adolescents' and young adults' psychological symptoms (Campbell-Sills, Cohan, & Stein, 2006; Grills & Ollendick, 2002; Holt & Espelage, 2005, 2007; Kliewer, Murrelle, Mejia, Torres, & Angold, 2001; Stadler, Feifel, Rohrmann, Vermeiren, & Poustka, 2010), indicating that the relationship between victimization and distress changes under these conditions. For example, the study by Stadler et al. (2010) just mentioned found parental support to be significantly effective for young female adolescents, acting as a buffer against the effect of peer-victimization on mental health problems Other studies have shown that protective factors such as self-esteem and social support mediated the victimization/mental health relationship (Benas & Gibb, 2007; Grills & Ollendick, 2002; Pouwelse, Bolman, Lodewijkx, & Spaa, 2011; Turner, Finkelhor, & Ormrod, 2010; Ybrandt & Armelius, 2010); the experience of victimization negatively influences these resources, which in turn increases the risk of mental health problems.

However, few studies to date have specifically explored whether some factors might be protective even in cases of poly-victimization. Soler, Kirchner, Paretilla, and Forns (2013) reported that the personal resource of self-esteem buffered, as a mediator and moderator, the impact of multiple victimization experiences on internalizing and externalizing symptoms. Turner et al. (2015) showed that self-esteem and mastery mediated the relationship between poly-victimization and psychological distress. Regarding adolescents in the child welfare system, Salazar et al. (2011) found that social support had a mediating and moderating role between multiple maltreatment experiences and depression. However, this study only considered physical abuse, sexual abuse, psychological abuse, and neglect, rather than a full range of victimizations.

1.2. The current study

To our knowledge, few studies have sought to identify protective factors that play an important role between poly-victimization and psychopathology, and even fewer have studied resilience among adolescents in residential care. Grych, Hamby, and Banyard (2015) argued that researchers need to explore which resilience domains enable people to cope effectively with their lifetime victimization experiences. With this in mind, the aim of the present study is to examine whether a range of individual and environmental factors (i.e., self, family, friends, school, neighbor, and residential care workers) may serve as mediators and/or moderators of the association between lifetime victimization and mental health problems (internalizing and externalizing symptoms) in a sample of adolescents in care. Our hypotheses are as follows: (1) Consistent with mediation effects, we expected that a history of victimization would be significantly related to lower levels of resilience, which in turn would be associated with higher levels of mental health problems; and (2) consistent with moderation effects, we hypothesized that the association between lifetime victimization and adolescents' mental health problems would be stronger among youth who reported lower (vs. higher) levels of current resilience.

2. Method

2.1. Participants

The initial sample included 129 adolescents. Cases with missing scores on all YSR broad-band dimensions and/or all ARQ dimensions were removed. The final sample therefore comprised 127 adolescents aged 12–17 ($M = 14.60$, $SD = 1.61$), 62 of whom were male and 65 female. Adolescents were recruited from 18 residential facilities (78.0% long-term and 22.0% short-term centers) managed by the child welfare system in Catalonia, Spain. Males and females showed significant differences in age ($U = 139000$, $p = .002$), with females being older than males.